

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089644

**FILED**  
**Feb 26, 2009**  
**Secretary of State**

**Entity Name:** JTL LEE ST., LLC

**Current Principal Place of Business:**

1304 DESOTO AVENUE SUITE 303  
TAMPA, FL 33606

**New Principal Place of Business:**

474 4TH ST  
P O BOX 41  
BOCA GRANDE, FL 33921

**Current Mailing Address:**

1304 DESOTO AVENUE SUITE 303  
TAMPA, FL 33606

**New Mailing Address:**

474 4TH ST  
P O BOX 41  
BOCA GRANDE, FL 33921

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOODWIN, JAMES W ESQ  
201 NORTH FRANKLIN STREET, SUITE 2000  
TAMPA, FL 33602    US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:**            PRES            ( ) Delete  
**Name:**        LYKES, J T  
**Address:**     1304 DESOTO AVE SUITE 303  
**City-St-Zip:** TAMPA, FL 33606

**ADDITIONS/CHANGES:**

**Title:**            PRES            (X) Change ( ) Addition  
**Name:**        LYKES, J T  
**Address:**     474 4TH ST  
**City-St-Zip:** BOCA GRANDE, FL 33921

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** J T LYKES

PRES

02/26/2009

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date